



Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

09/132/49

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |          |   |                     | SMALL ENTITY TYPE   |                        | OR                      | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|----------|---|---------------------|---------------------|------------------------|-------------------------|----------------------------|------------------------|
| FOR  |  | NUMBE                                     | R FILED  | NUMBER                                      | EXTRA               | RATE                | FEE                    |                         | RATE                       | FEE                    |
| BASI   | C FEE  |   |          |   |                     |                     | 395.00                 | OR                      |                            | 790.00                 |
| TOTAL CLAIMS   |  |   | 23 minus | 20 = *                                      | * 3                 |                     |                        | OR                      | x\$22=                     | 66-                    |
| INDEPENDENT CLAIMS   |  |   |          |   |                     | x41=                |                        | OR                      | x82=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |          |   |                     |                     |                        | OR                      | +270=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |          |   |                     |                     |                        | OR                      | TOTAL                      | 856                    |
| -///<br>CLAIMS AS AMENDED - PART II  |  |   |          |   |                     |                     |                        | 011                     | OTUE                       |                        |
|  | (Column 1) (Column 2) (Column 3)               |   |          |   | SMALL ENTITY        |                     | OR                     | OTHER THAN SMALL ENTITY |                            |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA    | RATE                | ADDI-<br>TIONAL<br>FEE |                         | RATE                       | ADDI-<br>TIONAL<br>FEE |
| IDM  | Total  | ·23                                       | Minus    | ** 23                                       | =                   | x\$11=              |                        | OR                      | x\$22=                     |                        |
| MEN  | Independent                                    | * 4                                       | Minus    | ***3  | = /                 | x41=                |                        | OR                      | 7x82=                      | 78-                    |
| ٧  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |          |   |                     | +135=               |                        | OR                      | +270=                      |                        |
|  |  | (Column 1)                                | a        | (Column 2)                                  | (Column 3)          | TOTAL<br>ADDIT. FEE |                        | OR                      | TOTAL<br>ADDIT. FEE        | 78-                    |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA    | RATE                | ADDI-<br>TIONAL<br>FEE |                         | RATE                       | ADDI-<br>TIONAL<br>FEE |
| ENDMENT  | Total  | *   | Minus    | **  | =                   | x\$11 <sup>\_</sup> |                        | OR                      | x\$22=                     |                        |
| AME  | Independent                                    | *   | Minus    | ***   | =                   | x41=                |                        | OR                      | x82=                       |                        |
| A  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |          |   |                     | +135=               |                        | OR                      | +270=                      |                        |
|  | (Column 1) (Column 2) (Column 3)               |   |          |   | TOTAL<br>ADDIT. FEE |                     | OR                     | TOTAL<br>ADDIT. FEE     |                            |                        |
| ENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA    | RATE                | ADDI-<br>TIONAL<br>FEE |                         | RATE                       | ADDI-<br>TIONAL<br>FEE |
| MOI  | Total  | *   | Minus    | **  | =                   | x\$11=              |                        | OR                      | x\$22=                     |                        |
| AMENDMENT  | Independent                                    | *   | Minus    | ***   | =                   | x41=                |                        | OR                      | x82=                       |                        |
| A  | FIRST PRES                                     | SENTATION OF                              | MULTIPLE | DEPENDENT CL                                | AIM                 | +135=               |                        | OR                      | +270=                      |                        |
| ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in co |  |   |          |   |                     |                     |                        |                         | TOTAL<br>ADDIT. FEE<br>1.  |                        |